

Option Care

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9140 Guilford Rd Suite K
Columbia, MD 21046-1811
Phone: 800-241-6163
Fax: 248-579-4453

**PRESCRIPTION FORM**

NAME Delores Clayton
ADDRESS [REDACTED]
CITY/ST/ZIP Laurel, MD 20708
PHONE [REDACTED]
MRN [REDACTED]

START OF CARE 09/01/2024

HGT 0

WGT 0

DOB [REDACTED]

AGE 54 Yrs

DIET

DIAGNOSIS #1

DIAGNOSIS #2

DIAGNOSIS #3

DIAGNOSIS #4

ACCESS

ALLERGIES

PRESCRIPTION INFO

Rx Number 0170097452

Original Rx Date 08/28/2024

Doses Allowed 12

Rx Expiration Date 08/27/2025

Prescription Ertapenem 1gm in NS 100mL MINI-BAG Plus IVC every 24 hours

Admin. Directions Break connector & activate MINI-BAG Plus system, mix gently until full drug vial is dissolved. Infuse contents of bag (1gm) via IV gravity infusion over 30 minutes (200mL/hr) once every 24 hours. Use within 1 hour of mixing.

Labs wkly --> CBC, SCr

Filled By Dipti Patel, PharmD

Signature _____

Date _____

By signing, I certify/recertify that the above therapy, services, supplies and equipment are medically necessary and this patient is under my care. I have received the necessary authorization to release the above referenced information and medical and/or patient information relating to this therapy.

Physician Signature _____

(Dispense as Written)

(Substitutions Permitted)

Date _____

Physician B. LANDRUM, M.D.
Office Address [REDACTED]
City / St / Zip ELLICOTT CITY, MD 21043
Phone 410-418-8550
Fax 410-418-8552

NPI # 1124131149
DEA # BL7848849
UPIN # H85144
License # D57970

Date Printed: 08/31/2024

Where to pick up your medications (continued)



Ask your doctor where to pick up these medications

- ertapenem infusion
Your estimated payment per fill: Estimate unavailable
- polyethylene glycol packet
Your estimated payment per fill: Estimate unavailable
- sodium chloride flush syringe
Your estimated payment per fill: Estimate unavailable

Medical terms for what we treated during your hospitalization as of

8/31/2024

• (Principal) Nephrolithiasis

Gram-negative bacteremia

Hydronephrosis due to obstruction of ureter

Infection due to ESBL-producing *Escherichia coli*

Leukocytosis, unspecified type

Pyelonephritis, acute

Renal colic on right side

Renal stone

Right ureteral stone

You are allergic to the following

No active allergies

Date Reviewed: 8/27/2024



HOWARD COUNTY
GENERAL HOSPITAL
JOHNS HOPKINS MEDICINE



CSN: 1446127290

Discharge Instructions

For

Delores Clayton,

Date of Birth [REDACTED]

Thank you for choosing Johns Hopkins Medicine for your health care.

Your Discharging Provider is Kanumuru, Srilatha, MD.

Your Primary Care Provider is Pabla, Rita, MD.

If you want a copy of your medical records:

- You can see your test results and summary of this visit in your online record (MyChart).
- Call the Health Information Management (medical records) office at 410-740-7953.